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**REGISTERED PATENT AGENT
OUR FILE NO

TRNSV-001C

FACSIMILE COVER SHEET

Date: March 23, 2004

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313

Facsimile: 703-872-9306

Re: U.S. Patent Application No. 09/708,923
Applicant: Makower, et al.
Title: Methods and Apparatus for Bypassing Arterial Obstructions and/or Performing
Other Transvascular Procedures

From: Robert D. Buyan

Total Number of Pages: 11 (including this form). Please notify us immediately if you have not
received all pages.

Message:

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence for Serial No. 09/708,923 is being facsimile
transmitted to the Commissioner for Patents, P.O. Box 1450, Alexandria VA 22313-1450 at
(703) 872-9306 on March 23, 2004.

Name of person sending facsimile: Francine Sanders, Assistant to Robert D. Buyan

Signature: 

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Attorney Docket No.: TRNSV-001C

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Makower et al.)
Application No. 09/708,923)
Filed: November 8, 2000)
For: Methods and Apparatus for)
Bypassing Arterial Obstructions and/or)
Performing Other Anatomical Conduits)

Art Unit: 3738

Examiner: Isabella, David J.

Mail Stop
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Transmittal Letter

Dear Sir:

- ☐ In accordance with Rule 136, the Commissioner is hereby petitioned for a ___ () month extension of time, extending to ___, 2004 the period for response to the Office action dated **December 23, 2003**. Check No. ___ for \$0.00 is enclosed.
- ☐ Enclosed is a certified copy of Serial No. _____ from which priority is claimed in the subject case pursuant to 37 CFR § 1.55b and 35 U.S.C. § 119.
- ☐ Enclosed is an Assignment of the invention to [Assignee], including a cover sheet and Check No. [Assignment Check No.] for \$40.
- ☐ A Declaration of Inventorship and Limited Power of Attorney is enclosed.
- ☒ Enclosed is a Terminal Disclaimer to Obviate A Double Patenting Rejection Over a Prior Patent.
- ☒ Enclosed herewith is an amendment/response for filing in relation to the above-identified application. Entry and consideration of this amendment/response are requested.


- ☐ Check No. ____ is enclosed covering the additional filing fees in the amount of \$0.00 , with the fees calculated as follows:

	(Col. 1) Claims Remaining After Amendment	(Col. 2) Highest No. Previously Paid For	(Col. 3) Present Extra	Small Entity Additional Rate Fee	Other than a Small Entity Additional Rate Fee
Total claims	18	- 19 =	0	x 9 \$ 0	Or x 18 \$
Independent claims	1	- 1 =	0	x 42 \$ 0	Or x 84 \$
First presentation of multiple dependent claims				+ 140 \$	Or + 280 \$
				Total \$ 0	Or Total \$

- ☒ The Commissioner is hereby authorized to charge any underpayment and credit any overpayment of the filing fees required under 37 CFR § 1.16 and any patent application processing fees required under 37 § CFR 1.17 to Deposit Account No. 50-0878.

Respectfully submitted,
Stout, Uxa, Buyan & Mullins, LLP

Date: March 23, 2004



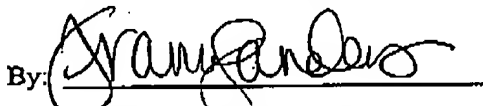
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Dated: March 23, 2004

By: 
Francine Sanders, Assistant